| **PROJECT/ACTIVITY INFORMATION** |
| --- |
| **Contractor Name**:  |
| **Activity**: |

| **HAZARDS** |
| --- |
| ***#*** | ***JOB STEP[[1]](#endnote-1)*** | ***HAZARDS[[2]](#endnote-2)*** | ***ACTIONS TO ELIMINATE OR MINIMIZE******EACH HAZARD[[3]](#endnote-3)*** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

| **PPE** |
| --- |
| ***MINIMUM PPE REQUIRMENTS FOR ALL JOB STEPS*** | ***SPECIAL PPE REQUIREMENTS*** |
|  |  |
| **Identify steps requiring special PPE**: |

| **EQUIPMENT** |
| --- |
| ***TOOLS AND EQUIPMENT*** | ***INSPECTION CRITERIA*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| ***OSHA-RELATED TRAINING APPLICABLE TO THIS ACTIVITY[[4]](#endnote-4)*** |
| --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **Preparer** |
| --- |
| *Name and signature of person who filled out this AHA*: | *Date*: |

***By signing this AHA, the preparer is certifying that the information provided is true, and that any change in the conditions described in this AHA or inadequacies found for protecting employees during the activity may require a revision to this AHA.***

| **Acceptance by Leidos personnel[[5]](#endnote-5)** |
| --- |
| *Name and signature of Project Administrator*: | *Date*: |
| *Name and signature of EHS POC*: | *Date*: |

1. Break the task down into individual, sequential steps. [↑](#endnote-ref-1)
2. Identify the hazards associated with each individual step. [↑](#endnote-ref-2)
3. Develop solutions to minimize or eliminate each hazard. For each hazard, there should be at least one solution to offset it. [↑](#endnote-ref-3)
4. Copies of training certificates must be included with this AHA, with Project-Specific Plans, and/or with the contractor’s APP. [↑](#endnote-ref-4)
5. This AHA and other applicable safety documents must be accepted by Leidos prior to commencing project work. [↑](#endnote-ref-5)